

SLTC-247

(Rev 1/2017)

Self Direct Provider Agency

Recertification Quality Assurance Review

Worksheet

	N/A	Met	Unmet	Date Completed or Date Span	Comments
Name of Member: _____					
Date of Recertification visit: _____					
Recertification Form with signatures					
Recertification Form includes correct authorized units from Service Plan					
Recertification Form includes correct utilization from review of SDR					
Recertification visit occurred within six months of intake or annual					
Current HCP Authorization with signatures					
Current PCP Form with signatures					
Current PCP Form contains member information in every box (when applicable)					
Current Service Plan with signatures					
Current Service Plan documents ADL/HMA/IADL tasks and ADL/HMA frequency					
Flexibility parameters implemented according to policy					
Temporary authorization completed when change occurs: Box marked indicate type of change; start and end date; total time (in units) of change; description of change to tasks					
Implement new Service Plan within 10 working days after receive MPQH amendment to profile					
Name of Person Completing Form:					
Date Form Completed:					

Additional Comments: